REQUEST FOR INTERNSHIP APPROVAL

Prospective intern:

_____

Is this for:

SM 429 ☐

SM 413 ☐

SM 419 ☐

Permanent mailing address: (street, city, state, zip code)

_____

Student phone number:

_____

Erskine email:

_____

Semester/Year of proposed internship:

_____

Name of Organization:

_____

Organization Supervisor:

_____

Supervisor Title:

_____

Supervisor email:

_____

Supervisor phone:

_____

Date submitted: _____

Student signature: _____